|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RATION/                                                                         | Attorney Dock                                              | et Number: DTG1                                     | -126US                            |                                  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|-----------------------------------|----------------------------------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ATTORNEY                                                                        | First Named In                                             | ventor: Stephe                                      | en William Sank                   | ey et al.                        |  |  |
| FOR UTILITY<br>PATENT AP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | COMPLETE IF KNOWN                                          |                                                     |                                   |                                  |  |  |
| PATENTAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Application Num                                                                 | nber: To Be                                                | Assigned                                            |                                   |                                  |  |  |
| Declaration Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d after Initial Declaration                                                     |                                                            |                                                     | ry 11, 2006                       |                                  |  |  |
| Submitted Submitte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 | ı                                                          |                                                     |                                   |                                  |  |  |
| Filing (37 ČFR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | With Initial Filing (surcharge (37 CFR 1.67) Filing (37 CFR 1.16 (e)) required) |                                                            | To Be                                               | Assigned                          |                                  |  |  |
| (37 CFR 1.03) Tequiled;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                                            | To Be                                               | Assigned                          |                                  |  |  |
| I believe the inventor(s) named belo sought on the invention entitled:  SELF-VENTING POLYMERIC F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FILM 1                                                                          |                                                            | matter which is claimed                             | and for which                     | a patent is                      |  |  |
| the specification of which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (1111                                                                           | le of the Invention)                                       | )                                                   |                                   |                                  |  |  |
| is attached hereto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                            |                                                     |                                   |                                  |  |  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                            |                                                     |                                   |                                  |  |  |
| was filed on (MM/DD/YYY PCT/GB2004/003098 and was ame                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Y) July 16, 2004 as United and the condense on (MM/DD/YYYY)                     | ates Application or PCT (if applicable).                   | International Application                           | n Number                          |                                  |  |  |
| I hereby state that I have reviewed a amendment specifically referred to a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 | on the above identified sp                                 | ecification, including the                          | e claims, as an                   | nended by any                    |  |  |
| I acknowledge the duty to disclose in applications, material information which date of the continuation-in-part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nich becam <u>e available</u> betwee                                            | o patentability as defined<br>on the filing date of the pr | in 37 CFR 1.56, includ<br>for application and the i | ing for continu<br>national or PC | ation-in-part<br>T international |  |  |
| I hereby claim foreign priority benefits under 35 \ S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a). Sany PC international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. |                                                                                 |                                                            |                                                     |                                   |                                  |  |  |
| Prior Foreign Application<br>Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country                                                                         | Foreign Filing Date<br>(MM/DD/YYYY)                        | Priority Not<br>Claimed                             | Certified C                       | opy Attached?<br>No              |  |  |
| 0316708.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Great Britain                                                                   | 07/16/2003                                                 |                                                     |                                   |                                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                            |                                                     |                                   |                                  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                                            |                                                     |                                   |                                  |  |  |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

## Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

| I hereby appoint:  Practitioners at Customer Number 31344  OR  Practitioner(s) named below:                                                                                                                                                                                                                                                                                                                                                                               |                              |                                       |                             |                          |      |          |       |      |                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|-----------------------------|--------------------------|------|----------|-------|------|----------------|--|
| Γ                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name                         |                                       |                             |                          | •    |          | R     | egis | tration Number |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                       |                             |                          |      |          |       |      |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                       |                             |                          |      |          |       |      |                |  |
| ŀ                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _                            | · · · · · · · · · · · · · · · · · · · |                             |                          |      |          |       |      |                |  |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.                                                                                                                                                                                                                                                                                       |                              |                                       |                             |                          |      |          |       |      |                |  |
| Direct all correspondence to: Practitioners Customer Number listed above; <b>OR</b>                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                       |                             |                          |      |          |       |      |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Correspondence Address Below |                                       |                             |                          |      |          |       |      |                |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                       |                             |                          |      |          |       |      |                |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                       |                             |                          |      |          |       |      |                |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | State:                                |                             |                          |      | Zip:     |       |      |                |  |
| Country: Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                       |                             |                          | Fax: |          |       |      |                |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                              |                                       |                             |                          |      |          |       |      |                |  |
| Name of Sole or First Inventor:    A Petition has been filed for this unsigned inventor.                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                       |                             |                          |      |          |       |      |                |  |
| Given Name (first and middle (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                       | Family Name or Surname      |                          |      |          |       |      |                |  |
| Stephen William                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                       | SANKEY                      |                          |      |          |       |      |                |  |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                       |                             |                          |      |          | Date: |      |                |  |
| Residence: City: Great Smeaton, North Yorkshire State:                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                       | Country: GB Citizenship: GB |                          |      |          |       |      |                |  |
| Mailing Address: 5 Hambleton Court                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                       |                             |                          |      |          |       |      |                |  |
| Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                       |                             |                          |      |          |       |      |                |  |
| City: Great Smeaton, North Yorkshire State:                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | ::                                    | Zip                         | Zip: DL6 2HR Country: GB |      | ntry: GB |       |      |                |  |
| Additional inventors are listed on the next page.                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                       |                             |                          |      |          |       |      |                |  |

## Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

| Name of Second Inventor:                                  |                 | A Petition has been filed for this unsigned inventor. |             |  |  |  |
|-----------------------------------------------------------|-----------------|-------------------------------------------------------|-------------|--|--|--|
| Given Name (first and middle (if any))                    |                 | Family Name or Surname                                |             |  |  |  |
| Ken                                                       |                 | EVANS                                                 |             |  |  |  |
| Inventor's Signature                                      |                 |                                                       | Date:       |  |  |  |
| Residence: City: Yarm, Cleveland                          | State:          | Country: GB Citizenship: GB                           |             |  |  |  |
| Mailing Address: 2 Ryedale Close                          |                 |                                                       |             |  |  |  |
| Mailing Address:                                          |                 |                                                       |             |  |  |  |
| City: Yarm, Cleveland                                     | State:          | Zip: TS15 9UM Country: GB                             |             |  |  |  |
| Name of Third Inventor:                                   |                 | A Petition has been filed for this unsigned inventor. |             |  |  |  |
| Given Name (first and middle (                            | if any))        | Family Name or Surname                                |             |  |  |  |
| Stephen Keith                                             |                 | FRANZYSHEN                                            |             |  |  |  |
| Inventor's Signature                                      |                 | <del></del>                                           | Date:       |  |  |  |
| Residence: City: Richmond                                 | State: Virginia | Country: US Citizenship: US                           |             |  |  |  |
| Mailing Address: 345 Rexmoor Terrace                      |                 |                                                       |             |  |  |  |
| Mailing Address:                                          |                 |                                                       |             |  |  |  |
| City: Richmond                                            | State: Virginia | Zip: 23236                                            | Country: US |  |  |  |
| Name of Fourth Inventor:                                  |                 | A Petition has been filed for this unsigned inventor. |             |  |  |  |
| Given Name (first and middle (                            | if any))        | Family Name or Surname                                |             |  |  |  |
| David                                                     |                 | VOISIN                                                |             |  |  |  |
| Inventor's Signature                                      |                 | Date:                                                 |             |  |  |  |
| Residence: City: Yarm on Tees                             | State:          | Country: GB Citizenship: GB                           |             |  |  |  |
| Mailing Address: 10 Debruse Avenue                        |                 |                                                       |             |  |  |  |
| Mailing Address:                                          |                 |                                                       |             |  |  |  |
| City: Yarm on Tees State: Zip: TS15 9QL Country: GB       |                 |                                                       |             |  |  |  |
| Additional inventors are listed on Supplemental Sheet(s). |                 |                                                       |             |  |  |  |